



**ARLINGTON INDEPENDENT SCHOOL DISTRICT POWER OF ATTORNEY/EDUCATIONAL GUARDIANSHIP
(For Enrollment and Responsibility Purposes)**

STATE OF TEXAS County of _____

Known by all these present:

That I, _____ of _____, _____, _____, _____
(parent/guardian) (street address) (city) (state) (zip)

have made, constituted and appointed and by these present do make, constitute and appoint _____ of
(name of custodian)

_____ any and all actions and exercise any and all powers that I could take or exercise for the purpose of my
(street address)

child(ren) (the student(s) any and all actions and exercise any and all powers that I could take or exercise for the purpose of my child(ren)

(the student(s))

(hereafter "the student") in attendance in the ARLINGTON INDEPENDENT SCHOOL DISTRICT as set forth below and that such attorney-in-fact shall deem proper or advisable, giving and granting unto such attorney-in-fact full and complete power and authority to do and perform all acts and powers to be done as set forth below on behalf of my child(ren) the student(s) as I could do if personally present.

The following acts and powers are grand to the Custodian by this Power of Attorney/Education Guardianship:

1. To receive and discuss the student's class work with appropriate District employees.
2. To examine and receive copies of the student's Arlington Independent School District records and report cards.
3. To give parental permission for the student's participation in various activities such as, but not limited to, field trips and other student travel.
4. To be notified concerning medical problems and to give consent for the care and treatment of the student.
5. To be notified and consulted concerning the student's attendance and tardiness.
6. To give permission for any disciplinary actions involving the student by District employees.
7. To perform any other duties, responsibilities and privileges normally afforded to the parent(s) of the students in the District.

IN WITNESS WHEREOF, I accept this responsibility and I have hereunto set my hand this _____ day of _____, 20_____.

Custodian's Signature _____

STATE OF TEXAS

BEFORE ME, the undersigned authority on this day personal appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that _____ executed the same for purposes and considerations therein expressed.

GIVEN under my hand and seal of office on this the _____ day of _____, 20_____.

(Notary Public) My commission expires _____

Notary Public in and for the State of _____

I hereby ratify and confirm whatever such attorney-in-fact shall and may do by virtue here on behalf of my child. I agree and represent those dealing with my said attorney-in-fact that his Power of Attorney may be voluntarily revoked in writing. A copy of the written revocation will be delivered to the Arlington Independent School District within five calendar days of revocation. I declare that all powers herein given to my said attorney-in-fact shall be exercisable by my said attorney-in-fact on my behalf as limited to the period of the _____ school year(s), unless revoked by me in writing and notarized.

I realize that any known falsification of the information set out in this affidavit is an offense under Section 37.10 of the Texas Penal Code, and if an ineligible student is enrolled in the District on the basis of information knowingly falsified on this form by me, I am liable to the District for the cost of that student's education. I also understand if residence is established in another district while school is in session, the enrollment form is invalid and the student(s) must be withdrawn. Failure to withdraw the student(s) makes me liable to the District for the number of days of ineligible enrollment.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of _____, 20_____.

Parent/Guardian Signature _____

STATE OF TEXAS

BEFORE ME, the undersigned authority on this day personal appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that _____ executed the same for purposes and considerations therein expressed.

GIVEN under my hand and seal of office on this the _____ day of _____, 20_____.

(Notary Public)

My commission expires _____

Notary Public in and for the State of _____